

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate for
South Carolina Lowcountry Limousine LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: michael Silva

Telephone: 854-444-9478

Address: 410 Hedge way

Fax: _____

Summerville SC 29486

Other: _____

Email: info@southcarolinalowcountrylimousine.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

MAR 17 2022

PSC SC
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 3-10-2022

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. South Carolina Lowcountry Limousine LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
410 Hedge Way Summerville SC 29486
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
854-444-9478
Phone Fax
info@southcarolinalowcountrylimousine.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

michael Silva -410 Hedge Way Summerville SC 29486

Jessica Janelle - 410 Hedge Way Summerville SC 29486

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	0	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	\$995.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	0
Total Assets	\$995.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

3 hr wedding \$1800.00 plus travel
after wedding service \$400hr

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Bentley	1959 S3	B34HA	4200

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

South Carolina lowcountry limousine LLC

Name of Applicant

410 Hedge Way Summerville SC 29486

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 6,794.00

Limits \$1,500,000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Columbia insurance company

Name of Insurance Company

1314 DOUGLAS STREET, SUITE 1400 OMAHA, NE 68102-1944

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

South Carolina lowcountry limousine LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.


The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 16 day of March, 2022


Notary Public Sherie N. Williams
Commission Expires 04.07.2031



Print Application

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

South Carolina Lowcountry Limousine LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 11th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 25th day
of January, 2022.


Mark Hammond, Secretary of State



Risk Placement Services, Inc.

Knowledge Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

RPS Contact:
Davis Hollis
Underwriter Associate
Phone:
Fax: (704) 264-0102
Email: Davis_Hollis@rpsins.com

March 10, 2022

RPS Submission #: 4673593A

Proposal of Insurance

APPLICANT:

South Carolina Low Country Limousine LLC
410 Hedge Way
Summerville, SC 29486

COVERAGE:

NonFleet - Package

SUBMITTED TO:

Chad Hancock
Kane Insurance, LLC
242 State Street
Portsmouth, NH 03801
(603) 433-5600
chad@kaneins.com

RETAIL PRODUCER COMMISSION: 10%

How to order coverage (Retail Agent)

You do not have authority to bind this coverage; we require a written request to bind. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top

REQUESTED EFFECTIVE DATE:

PREMIUM FINANCE COMPANY:

PERSON REQUESTING BINDER:

DATE REQUESTED:

I HAVE INCLUDED THE NECESSARY DOCUMENTATION BELOW IN ORDER TO BIND COVERAGE:

<input type="checkbox"/> Completed, Signed Application	<input type="checkbox"/> Required Loss Runs	<input type="checkbox"/> Other Required documents:
<input type="checkbox"/> UM Selection Form		

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.

Premium Summary

<u>Coverage</u>	<u>Premium</u>	<u>Commission%</u>	<u>MEP % -If varies from policy MEP</u>
Auto Liability	\$4,695.00	10.00	
Physical Damage	\$2,099.00	10.00	
Premium	\$6,794.00		

Minimum Earned Premium:

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

Fees:**TRIA:****SURPLUS LINES TAXES: Tax State (or home state): SC****TAXES****TOTAL CHARGES** **\$6,794.00**

Coverage Notes

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.**The coverage described in this quote may not conform to the terms you requested and may differ from the application submitted. By binding this quote you acknowledge that you are binding the coverage and terms offered within this quote only.**

Forms / Endorsements

Terms & Conditions

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:**Binder Issuance is Subject To:**



Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

Retail Producer:
Chad Hancock
Kane Insurance, LLC
242 State Street
Portsmouth, NH 03801
Phone: (603) 433-5600
Fax: (603) 433-0007
Email: chad@kaneins.com

March 10, 2022

RPS Submission #: 4673593A

PROPOSAL OF INSURANCE

Proposal Information

Insured Name: South Carolina Low Country Limousine LLC
Policy Period: 3/12/2022 to 3/12/2023
Insurance Carrier: Columbia Insurance Company NAIC #: 27812
Admitted / Non-Admitted: Admitted
A. M. Best Rating: A++ XV

This quote is valid for 30 days or until the proposed inception, whichever is later.

Physical Location

410 Hedge Way,
Summerville, SC 29486

Limits of Insurance

Coverage: Public Auto

\$1,500,000	Auto Liability
\$500,000	UM/UIM
\$5,000	Med Pay
\$60,000	Physical Damage

Deductible

\$1,000	Comp/Coll
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Risk/Rating Information

Account Summary For South Carolina Low Country Limousine
LLC

Quote #: 12557363

Status: Pending

Policy Type: AP

Originally Quoted: 2/01/2022 2:14 PM EST
 Quote Printed: 3/10/2022 1:26 PM EST
 Proposed Effective: 3/12/2022 12:00 AM EST
 Proposed Expiration: 3/12/2023 12:00 AM EST

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability ****	1,500,000 CSL	3,573
7	UM - BIPD	500,000 CSL	460
7	UIM - BIPD	500,000 CSL	460
7	Medical Payments	5,000	202

7	Physical Damage	See Specific Unit	2,099
	Total Ins Value	60,000	

Quoted By: Davis Hollis
 Risk Placement Services, Inc.
 2115 Rexford Rd, Ste 520
 Charlotte, NC 28211
 Phone - (704) 366-7982
 Fax - (704) 365-5817
 Davis_Hollis@rpsins.com

**** Excess Limits Surcharge Applied

Total \$6,794.00

Revision: 71SC2020R01

Vehicle Information

NICO-Rate Version: 8.7.5219.117

Unit	Liability	UM	UIM	Med Pay	Phvs Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 1959 ROLLS ROYCE Comp/Coll \$60,000 Radius: Up to 75 Miles	3,573	460	460	202	2,099	N/A	N/A	6,794
	Deductible: 1,000/1,000							

 National
Indemnity
Company
— Since 1940 —